



Express Mail No.: EL 977 935 596 US

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PATENT
9D-HR-19109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Masker et al.

Serial No.: 09/480,345

Filed: January 10, 2000

For: SPILLPROOF REFRIGERATOR SHELF

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: Art Unit: 3634
:
: Examiner: Harris, Erica
:
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:
:

Attention: Official Draftsman
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
DEC 09 2003
GROUP 3600

TRANSMITTAL OF REPLACEMENT DRAWINGS

Enclosed are seven (7) sheets of replacement drawings for the above-referenced patent application incorporating the corrections filed February 13, 2003, and approved by the Office in its Office Action dated August 26, 2003. No new matter has been added.

Respectfully submitted,

Alan L. Cassel
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One Metropolitan Square, Suite 2600
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11-28-03

33634

PATENT

Attorney Docket No.: 9D-HR-19109



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Masker et al.

Serial No.: 09/480,345

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For: SPILLPROOF
REFRIGERATOR SHELF

Group No.: 3634

Examiner: Harris, Erica

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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GROUP 3600

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment in Response to the Office Action dated August 26, 2003 (10 pages)
 - Amendment Transmittal (3 pages, *in duplicate*)
 - Seven (7) sheets of replacement drawings
 - Replacement Drawing Transmittal (1 page)
 - Return postcard

STATUS

2. Applicant
 - ☐ Claims small entity status.
 - ☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EL 977 935 596 US
Date: November 26, 2003

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Alan L. Cassel, Reg. No. 35,842

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	16	MINUS	20	=0	x \$9 = \$		x \$18 = \$
INDEP.	4	MINUS	3	=1	x \$43 = \$		x \$86 = \$86.00
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$0.00	OR	TOTAL ADDITIONAL FEE \$86.00

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☒ Total additional fee for claims required \$ 86.00

FEE PAYMENT

5. Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$86.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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